

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTYMOTION TO SUSPEND/REINSTATE
SUPPORT ORDER OR
AUTOMATIC ENFORCEMENT OF SUPPORT

CASE NO.

Court address

Court telephone no.

Plaintiff's name, address and telephone no.

v

Defendant's name, address and telephone no.

1. I state that a support order dated _____
requires the ☐ plaintiff ☐ defendant to pay
support of \$ _____ per _____.

2. ☐ a. The support order is automatically being
enforced by the office of the friend of the court.

☐ b. The ☐ automatic enforcement of support
☐ support order
was suspended by order on _____.
Date

3. I am the ☐ plaintiff. ☐ defendant.
☐ friend of the court or his/her representative.

I REQUEST:

4. The ☐ automatic enforcement of support and handling fees
be ☐ suspended. ☐ reinstated. ☐ enforced. ☐ support order

5. That accumulated arrearages, which are owed to the other party or the State of Michigan be
☐ waived. ☐ modified to \$ _____ ☐ enforced.

☐ 6. Payment on arrears be ☐ enforced ☐ temporarily suspended.

☐ 7. Payment of accumulated handling fees be ☐ enforced. ☐ temporarily suspended.

8. Other:

9. I am requesting these changes based on the following reason(s):

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date

Signature of party filing motion

NOTICE OF HEARING

A hearing will be held on this motion before _____ on _____
Name of judge or hearing officer Date

at _____ at _____
Time Location

CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of this motion and notice of hearing to the other party by ordinary mail addressed to his
or her last known address.

Date

Signature of party filing motion